

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Richard Huston Aycock NV0813
Full Name of Plaintiff Inmate Number

v.

Dr. Malhi
Name of Defendant 1

Dr. Delisma
Name of Defendant 2

DAA L. Bitner
Name of Defendant 3

Nurse Gary
Name of Defendant 4

John Doe
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. 1824-CV-2126
(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial
☐ No Jury Trial Demand

**FILED
SCRANTON**

DEC 11 2024

Per AMW
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Aycock, Richard, Huston
Name (Last, First, MI)
NV0813
Inmate Number
S.C.I Phoenix
Place of Confinement
1200 Mokychie Drive
Address
Collegeville, PA 19426
City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Dr. Malhi
Name (Last, First)
Doctor
Current Job Title
S.C.I Rockview 1 Rockview PH
Current Work Address
Bellefonte, PA 16823-1664
City, County, State, Zip Code

Defendant 2:

Dr. Delisma
Name (Last, First)
S.C.I Rockview, 1 Rockview Pl
Current Job Title
Doctor
Current Work Address
Bellefonte, PA 16823-1664
City, County, State, Zip Code

Defendant 3:

Bitner, L
Name (Last, First)
DAA
Current Job Title
S.C.I Rockview, 1 Rockview Pl
Current Work Address
Bellefonte, PA 16823-1664
City, County, State, Zip Code

Defendant 4:

Nurse Gary
Name (Last, First)
Nurse
Current Job Title
S.C.I Rockview, 1 Rockview Pl
Current Work Address
Bellefonte, PA 16823-1664
City, County, State, Zip Code

Defendant 5:

John Doe
Name (Last, First)
Nurse
Current Job Title
S.C.I Rockview, 1 Rockview Pl
Current Work Address
Bellefonte, PA 16823-1664
City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

I was giving surgery 6/7/24 at Penn State Medical center, after surgery during my stay at Rockview S.C.I.T infirmary and in population I was giving no proper treatment.

B. On what date did the events giving rise to your claim(s) occur?

Dates arise from 6/7/24 through 8/8/24

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was giving no proper treatment after surgery. I went through extreme and crucial pain in shoulder, chest, and heart and was only prescribe Motrin and tylenol which didn't help at all. During my six day stay in the infirmary I was giving tramadol for only three to four days which worked but I was taken off medication and given muscle relaxer and tylenol and Motrin again and I was back to extreme and crucial pain in body. Dr. Mathi and Dr. Delisma ignored my plea for help and left it up to the nurses to prescribe me medication and Nurse or DAA h. Bitner and Nurse Gary and John Doe nurse ignored my pain and continued giving me tylenol. After my doctor trips to Penn State Medical, I was prescribed medications while in RHU and was never given pain medication and needed to have my counselor email medical to receive medication. I actually dropped from the top bunk and had to be moved to a different cell because my cellmate was old and had the bottom bunk and bunk had no ladder and further injured shoulder. Because of Doctor's and Nurse's recommendations.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

The Eighth Amendment protects your right to get medical care. The Supreme Court explained that this is because a inmate must rely on prison authorities to treat medical needs. If the authorities fail to do so, those needs will not be met. Under the Eighth Amendment, you are entitled to medical care for serious medical needs. Serious medical needs can relate to "physical, dental, and mental health." *Edmo v. Corizon, Inc.*, 935 F.3d 757, 785 (9th Cir. 2019). Prison officials who know about your serious medical needs must provide treatment "at a level reasonably commensurate with modern medical science and of a quality acceptable within prudent professional standards." *United States v. DeCologero*, 821 F.2d 39, 43 (4th Cir. 1987). This means that treatment decisions are unconstitutional and inadequate when they are "far a field of accepted professional standards." *Arnett v. Webster*, 658 F.3d 742, 751 (7th Cir. 2010).

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Left shoulder was subject to more injury because healing process was altered due to medical treatment not proper, and I was in extreme pain and crucial throughout process of healing.

VI. RELIEF


State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I'm seeking monetary relief / money damages. More so compensatory damages and punitive damages.

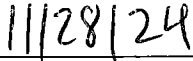
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

Smart Communications/PADOC

RECEIVED

SCI- Phoenix

SCREENING

Name

Richard Byers

DEC 11 2024

Number

NV68133

PER

DEPUTY CLERK

PO Box 33028

St Petersburg FL 33733

USMS X-RAY

Office of the clerk

United States District Court

for the Middle District of Pennsylvania

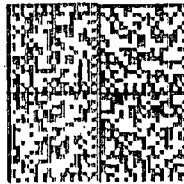
William J Wealon Federal Building and U.S. Courthouse

235 North Washington Avenue

P.O. Box 1148

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